31a Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193 **MARCH 1987** State/Territory: Maine 1902(a)(10)(E) 3.5 Medicaid for Medicare Cost Sharing for Qualified and 1905(p) of Medicare Beneficiaries the Act. P.L. 99-509 / / (a) The Medicaid agency pays for all of the costs. (Section 9403) of the following Medicare cost sharing expenses for qualified Medicare beneficiaries described in section 1905(p) of the Act: (1) Premiums under Medicare Part B and, if applicable, premiums for hospital insurance under Part A; (2) Deductibles and coinsurance amounts under Medicare Part A and Part B; and // (3) Premiums for enrollment in an eligible HMO. (b) The Medicaid agency uses the following methods to provide cost sharing specified under item 3.5(a) above: \sqrt{X} Buy-in agreements with the Secretary of HHS; /// Group premium payment arrangements entered into with the Social Security Administration; $1\overline{X}$ Payment of deductibles and coinsurance costs; / / Group premium payment arrangements entered into with eligible HMOs.

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HCFA ID: 1008P/0011P

Revision:	HCFA-PM-91 August 199		(BPD)	OMB No.:	0938-
	State		Maine		-
Citation	3.5		lies Receiving Extended Me tinued)	dicaid Benefi	†s
		<u>/</u> /	Private duty nursing serv	ices.	
		<u>/</u> _/	Physical therapy and rela	ted services.	
		<u>/</u> 7	Other diagnostic, screeni rehabilitation services.	ng, preventiv	e, and
		<u>/</u> 7	Inpatient hospital service services for individuals an institution for mental	65 years of a	
		<u>/</u> 7	Intermediate care facilit retarded.	y services fo	r the mentally
	****	<u>/</u> _/	Inpatient psychiatric ser age 21.	vices for ind	ividuals under
		<u>/</u> _/	Hospice services.		
		<u>/</u> 7	Respiratory care services	•	
		<u>/</u> 7	Any other medical care an care recognized under Sta Secretary.		

Revision:	HCFA-PM-9 August 19		(BPD)			OMB N	o .:	0938-	
	State	:		Maine)					
Citation	3.5		lies tinue		ing E	xtended Medic	caid Be	nefi	ts_	
		(c)	<u> 1</u> 7	enrol simil caret	lment ar co	pays the fam fees, deduct sts for healt s employer as	tibles, th plan	coi s of	nsurance, â fered by th	е
				<u>/</u> 7	1s†	6 months	<u>/</u> _7	2nd	6 months	
			<u> 1</u> 7	emplo		requires car health plans y•				
				<u>/</u> 7	1st	6 mos. /	7 2n	d 6 r	mos.	
		(d)	<u> </u>	(1)	fami of e	Medicald ager lies during t xtended Medic owing alterna	the sec	ond (5-month per ts through	iod
					<u>/</u> 7	Enrollment i				f an
					<u>/</u> 7	Enrollment i State employ				f a
					<u>/</u> 7	Enrollment i	n the s	State	e health pla	an
					17	Enrollment i maintenance prepaid enro percent Medi recipients o	organi: ollment caid re	zatio of l ecipi	on (HMO) wi less than 50 lents (excep	0

Revision:	HCFA-PM-91-4	(BPD)	OMB	No.:	0938-
	August 1991				

State: _____Maine

Citation

3.5 Families Receiving Extended Medicaid Benefits (Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- / (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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Supersedes Approval Date 118 2 3 1992 Effective Date OCT 0 1 1991

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/ / Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency --
 - Pays all premiums and enrollment fees imposed on the family for such plan(s).
 - (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 90-19 Approval Date JAN 1 7 1991 Effective Date Huly

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